Maison Care Ltd

Saresta and Serenade

Inspection report

Bromley Road,
Elmstead Market,
Colchester,
CO7 7BX
Tel: 01206 827034

Date of inspection visit: 6 August 2015
Date of publication: 28/09/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

Saresta and Serenade provides support and care for up to ten people living with learning disabilities and autism. There were eight people living in the service when we inspected on 6 August 2015.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection the registered manager for the service was unavailable. A registered manager from another of the provider's locations was covering and assisted us on the inspection.

People received care that was personalised to them and met their needs and wishes. The atmosphere in the service was friendly and welcoming.

Recruitment checks on staff were carried out with sufficient numbers employed. Staff had the knowledge

Summary of findings

and skills to meet people's needs. People were safe and treated with kindness by the staff. Staff respected people's privacy and dignity and interacted with people in a caring and compassionate manner.

Staff listened to people and acted on what they said. Staff knew how to recognise and respond to abuse correctly. People were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Staff understood how to minimise risks and provide people with safe care. Procedures and processes were in place to guide staff on how to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how risks to people were minimised.

Care and support was individual and based on the assessed needs of each person. There were appropriate arrangements in place to ensure people's medicines were stored and administered safely.

Staff supported people to be independent and to meet their individual needs and aspirations. People were encouraged to attend appointments with other healthcare professionals to maintain their health and well-being.

Whilst people's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met. Improvements were needed to ensure people's care records accurately reflected their needs and provided guidance to staff on how to meet them.

People were supported to make decisions about how they led their lives and wanted to be supported. Where they lacked capacity, appropriate actions had been taken to ensure decisions were made in the person's best interests. People were encouraged to pursue their hobbies and interests and participated in a variety of personalised meaningful activities.

People were provided with a variety of meals and supported to eat and drink sufficiently. People enjoyed the food and were encouraged to be as independent as possible but where additional support was needed this was provided in a caring, respectful manner.

Systems for capturing people's views and experiences of the service need developing further to ensure consistency in the way people's feedback is received, acted on and used to continually improve the service.

There was an open and transparent culture in the service. Staff understood their roles and responsibilities and were aware of the values of the service.

Further developments were needed to monitor the quality and safety of the service provided and to drive improvements in the service forward.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff knew how to recognise and respond to abuse correctly and had a clear understanding of procedures for safeguarding adults.

There were enough staff to meet people's needs. People were protected from avoidable risk as there were effective systems to identify, manage and monitor risk as part of the support and care planning process.

Systems were in place to provide people with their medicines safely.

Good

Is the service effective?
The service was effective.

Staff were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) was understood by staff and appropriately implemented.

People were supported to maintain good health and had access to ongoing healthcare support.

People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Good

Is the service caring?
The service was caring.

Staff were compassionate, attentive and caring in their interactions with people.

People's independence, privacy and dignity was promoted and respected. Staff took account of people's individual needs and preferences.

Wherever possible, people were involved in making decisions about their care and their families were appropriately involved.

Good

Is the service responsive?
The service was responsive.

People's choices, views and preferences were respected and taken into account when staff provided care and support.

Whilst people's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met. Improvements were needed to ensure people's care records accurately reflected their needs and provided guidance to staff on how to meet them.

Requires improvement

Summary of findings

Systems for capturing people's views and experiences of the service need developing further to ensure consistency in the way people's feedback is received, acted on and used to continually improve the service.

Is the service well-led?

Requires improvement 

The service was not consistently well-led.

There was an open and transparent culture at the service. Staff were encouraged and supported by the manager and were clear on their roles and responsibilities.

People's feedback was valued and acted on.

Systems in place to monitor the quality and safety of the service provided were not robust. Improvements were needed to drive the service forward.

Saresta and Serenade

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 6 August 2015 and was carried out by one inspector.

Before our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

People had complex needs, which meant they could not always readily tell us about their experiences and communicated with us in different ways, such as facial expressions, gestures and sounds. We observed the way people interacted with staff and how they responded to their environment and staff who were supporting them. We reviewed three people's care records and other information, for example their risk assessments and medication records, to help us assess how their care needs were being met.

The registered manager was not available at the time of our inspection. In their absence we spoke with a manager from another of the provider's services who was covering and five care staff. We have referred to them as the manager in this report. We reviewed feedback from two health and social care professionals.

We looked at records relating to the management of the service including records relating to the safety of equipment, staff training and systems in place for assessing and monitoring the quality of the service. We also looked at three staff recruitment files.

Good

Is the service safe?

Our findings

People who used the service presented as relaxed and at ease in their surroundings and with the staff. Two people when asked if they felt safe in the service smiled and nodded their heads at us.

People were safe because systems were in place to reduce the risk of harm and potential abuse. Staff had received up to date safeguarding training and were aware of the provider's safeguarding adults and whistleblowing procedures and their responsibilities to ensure that people were protected from abuse. Staff knew how to recognise and report any suspicions of abuse. This included reporting to the appropriate professionals who were responsible for investigating concerns of abuse. Records seen showed that concerns were reported appropriately.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment had been serviced and regularly checked so they were fit for purpose and safe to use. Regular fire safety checks and fire drills were undertaken to reduce the risks to people if there was a fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire.

People were protected from risks and their freedom was supported and respected. For example, people had individual risk assessments which covered identified risks such as nutrition, medicines and accessing the local community, with clear instructions for staff on how to meet people's needs safely. People who were vulnerable as a result of specific medical conditions, such as epilepsy, had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Staff were knowledgeable about the people they supported and were familiar with the risk assessments in place. They confirmed that the risk assessments were accurate and reflected people's needs.

There was an established staffing team in place and sufficient numbers to provide the support required to meet people's needs. The manager advised agency staff were rarely used to provide cover, as existing staff including themselves covered shifts to ensure consistency and good practice. People's needs had been assessed and staffing hours were allocated to meet their requirements. The manager told us the staffing levels were flexible and could be increased to accommodate people's changing needs, for example if they needed extra care or support to attend appointments or activities. Our observations and conversations with staff and records seen confirmed this.

Staff told us the manager or provider had interviewed them and carried out the relevant checks before they started working at the service. Records we looked at confirmed this.

Suitable arrangements were in place for the management of medicines. We observed people receiving their medicines in a safe and supportive way. Medicine records and storage arrangements were in good order and demonstrated that people received their medicines as prescribed. There was a medicines policy and procedure that supported staff's practice. Administration records were detailed and accurate and there were profiles in place that showed if people had any known allergies. There were also clear instructions about how people's medicines should be administered.

Good

Is the service effective?

Our findings

Staff said that they were provided with the training that they needed to meet people's requirements and preferences effectively. The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. Staff also told us they received specific training to meet people's care needs. This included supporting people with peg feeding, epilepsy and managing behaviours. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Staff told us that they felt supported in their role and had regular one to one supervisions and team meetings where they could talk through any issues, seek advice and receive feedback about their work practice. They told us the manager encouraged them to professionally develop and supported their career progression. Records seen confirmed what we had been told. This showed us that the systems in place provided staff with the support and guidance that they needed to meet people's needs effectively.

Staff had a good understanding of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). Records confirmed that staff had received this training. We saw that DoLS referrals had been made to the local authority as required to ensure that any restrictions on people were lawful. Guidance on DoLS and best interest decisions in line with MCA was available to staff in the office.

Care plans identified people's capacity to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans. Where people did not have the capacity to consent to care and treatment an assessment had been carried out. People's relatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans.

There was an availability of snacks, refreshments and fruit throughout the day. Staff encouraged people to be independent and made sure those who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully.

People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet. Arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. Where there was a known concern about the weight of a person using the service, staff maintained regular recorded weight checks and involved dietetic services to support people who had needs around healthy eating.

People had access to healthcare services and received ongoing healthcare support where required. We saw records of visits to healthcare professionals in people's files. Care records reflected that people, or relatives on their behalf, had been involved in determining people's care needs. This included attending reviews with other professionals such as social workers, specialist consultants and their doctor. Health action plans were individual to each person and included dates for medical appointments, medicines reviews and annual health checks. Where the staff had noted concerns about people's health, such as weight loss, or general deterioration in their health, prompt referrals and requests for advice and guidance were sought and acted onto maintain people's health and wellbeing.

Good

Is the service caring?

Our findings

The atmosphere within the service was welcoming, relaxed and calm. Staff talked about people in an affectionate and compassionate manner. Staff were caring and respectful in their interactions with people, for example they made eye contact, gave people time to respond and explored what people had communicated to ensure they had understood. Staff showed genuine interest in people's lives and knew them well. They understood people's preferred routines, likes and dislikes.

People were clearly comfortable with the staff and responded in a positive manner to staff interaction, including smiling and laughing. We saw one person repeatedly patting the arm of a member of staff and laughing with them as they played a game of 'peek a boo' in the garden.

Staff were knowledgeable about people's life experiences and spoke with us about people's different personalities. They demonstrated an understanding of the people they cared for in line with their individual care and support arrangements. This included how they communicated and made themselves understood, for example using aids such as pictorial cards to express their choices. Staff were aware of people's different facial expressions, vocalised sounds, body language and gestures which indicated their mood and wellbeing. Staff were familiar with changes to people's demeanour and what this could represent, for example how a person appeared if they experienced pain or anxiety.

People were supported to develop and maintain friendships. Their support plans contained information about their family and friends and those who were important to them. Staff enabled people to regularly access the community and to participate in activities they enjoyed. This included meeting up with friends at the weekly 'Gateway Club' disco. This showed that measures were in place to reduce the risk of isolation for people.

Staff told us how they respected people's dignity and privacy, including when supporting people with their personal care needs, and understood why this was important. People's healthcare needs were discussed in private and not publicly. People chose whether to be in communal areas or have time in their bedroom or outside the service. We saw that staff knocked on people's bedroom and bathroom doors and waited for a response before entering.

From our observations we saw that people had a good sense of well-being, they were at ease and relaxed in their home and came and went as they chose and were supported when needed.

Requires improvement

Is the service responsive?

Our findings

People received care and support specific to their needs and were supported to participate in activities which were important to them. We saw that staff were attentive to people's needs, checking on them in the communal areas and bedrooms. Requests for assistance were answered promptly and support given immediately.

Staff explained how they tailored care and support to meet people's complex needs, for example when people with varying learning disabilities and sensory impairments were not always able to express themselves verbally and were becoming frustrated at not being understood. Staff described how they had learnt and shared with each other the best ways to recognise people's different behaviours and mannerisms which indicated their mood, what they wanted to do and the choices they wanted to make. Staff described how they used different responses to communicate their understanding and engage with people this included short verbal commands, pictures, sign language and using reassuring touch. This showed that staff were responsive to people's needs.

Care plans contained information about people's physical health, emotional, mental health and social care needs. These needs had been assessed with support plans developed to meet them. However in two of the care plans we found inconsistencies in the reporting and records. This included no completed monthly reviews for one person since January 2015. In another care plan we found some risk assessments were overdue their review. There was a risk that people may be receiving care and support that was not up to date and in accordance with their current needs.

The manager told us people's care plans were being updated and transferred onto a new format. They showed us a new style care plan which had recently been completed for one person. We saw that this person's risk assessments, care plans and reviews were accurate and reflected their needs. Information was easier to access and provided clear guidance to staff on how to meet their individual needs. The language used promoted people's independence, choices and reflected their mood and wellbeing. However it was not clear when all the care plans would be transferred over as there was not timescale or plan in place. In addition there were no checks or care plan audits carried out to pick up on the shortfalls in records we had identified. Improvements were needed to ensure people's care records consistently reflected their needs and provided guidance to staff on how to meet them. The manager assured us they would carry out an audit of all care plans to mitigate any further risk to ensure consistency in people's care records.

Staff explained how they tailored care and support to people with different needs. Staff told us that whilst people enjoyed going out to different clubs and centres for various planned activities, this could change on a daily basis and they remained flexible to accommodate any changes. One member of staff said, "[Person who used the service] may be excited all week about going to the disco and talk about it all the time and then at the last minute change their mind and want to do something else. We [staff] never push people to do something they don't want to do and will encourage them to do something else they enjoy."

Staff were kept aware of any changes in people's needs on a daily basis. Daily records contained information about what people had done during the day, what they had eaten and how their mood had been or if their condition had changed. There were also verbal handovers between shifts, when staff teams changed, and a communication book to reflect current issues. These measures helped to ensure that staff were aware of and could respond appropriately to people's changing needs.

Staff told us that they were aware of the complaints procedure and knew how to respond to people's complaints. The provider's complaints policy and procedure was available in the service. It contained details of relevant external agencies and the contact details for advocacy services to support people if required. The manager confirmed that the service was not dealing with any complaints at the time of our inspection. We looked at the one previous complaint which showed that this had been investigated and responded to in a timely manner.

People, relatives and visitors had expressed their views about the service through individual reviews of their care, annual questionnaires and a communication form in people's bedrooms to enable their relatives and representatives to express their views and experiences of the service when they visited. Feedback from the questionnaires was positive and showed that people were

Requires improvement

Is the service responsive?

happy with the care provided and comments were acted on. For example, a suggestion was made about the types of activities people had expressed an interest in and this had been arranged.

However one of the communication forms showed ongoing dialogue about improvements requested to a person's bedroom made in January this year. It wasn't clear if the matter was now resolved as no dates had been entered and it had not been signed off. The manager told us that the matter was ongoing and they would update the form to reflect the actions planned and taken, including dates to show that the service acted on people's feedback. Systems for capturing people's views and experiences of the service need developing further to ensure consistency in the way people's feedback is received, acted on and used to continually improve the service.

Requires improvement

Is the service well-led?

Our findings

Quality monitoring systems were not robust and needed to be further developed. The shortfalls we had identified with people's care records had not been picked up in the provider's internal monitoring arrangements. We found inconsistencies in the audits and checks used to continually improve the service for people. Whilst environmental checks such as fire and equipment checks had been completed and were in order. Not all checks used to assess the standards in the service had recently been carried out although the templates were in place. This included medicines and health and safety audits. It was not clear how identified shortfalls were managed as there were no records to document the actions planned and taken to ensure further improvement for the service. The manager assured us they would address this as a matter of urgency.

It was clear from our observations and discussions that there was an open and supportive culture in the service. Staff were encouraged and supported by the management team and were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. The manager had recently produced guidance to staff on what was expected when they were on duty to ensure consistency on shifts. We saw that care and support was delivered in a safe and personalised way with dignity and respect. Equality and independence was promoted at all times.

Staff we spoke with felt people were involved in the service and that their opinion counted. They said the service was well led and that the manager was approachable and listened to them. One member of staff said, "If you need to speak to a manager it is never a problem they have an open door. The provider pops in frequently too."

People and staff were comfortable and at ease with the manager. We observed people who used the service in the company of the staff. People presented as calm and relaxed, smiling and enjoying friendly interaction when discussing their plans for the day.

People benefitted because the manager encouraged staff to learn and develop new skills and ideas, for example staff told us how they had been supported to undertake professional qualifications and if they were interested in further training the manager would support them.

Meeting minutes showed that staff feedback was encouraged, acted on and used to improve the service, for example, staff contributed their views about how people were responding to significant life events, such as bereavement, and how the team might best support people in this position. Staff told us they felt comfortable voicing their opinions with one another to ensure best practice was followed. One member of staff told us, "We all support one another and work as a team. We care for the people here and if someone has a better way to do something that benefits them [people who used the service] then we try it."

People received safe quality care as staff understood how to report accidents, incidents and any safeguarding concerns. Staff followed the provider's policy and written procedures and liaised with relevant agencies where required. Actions were taken to learn from incidents, for example, when accidents had occurred risk assessments were reviewed to reduce the risks from happening again. Incidents were monitored and analysed to check if there were any potential patterns or other considerations (for example medicines) which might be a factor. Attention was given to how things could be done differently and improved, including what the impact would be to people.

The manager advised us they were developing a quality monitoring tool to take account all the projects and actions undertaken to improve the service and people's experiences. This included outcomes from their recent internal audits, the satisfaction survey and visits from the local authority and other professionals where relevant. They explained how this tool would pull together all the different systems used to monitor and quality assure the service, reporting on the progress made and outstanding issues on a regularly basis. This would be used to make sure that people were safe and protected as far as possible from the risk of harm, with attention given to how things could be done differently and improved; including what the impact would be to people.